

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	7						
2	1						
3	1						
4	1						
5	4						
6	1						
7	3						
8	3						
9	1						
10	5						
11	1						
12	1						
13	2						
14	2						
15	1						
16	1						
17	1						
18	1						
19	4						
20	1						
21	3						
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50							
TOTAL IND.	9						
TOTAL DEP.	42						
TOTAL CLAIMS	51						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							